

MAN'S INFORMATION PANEL		MM
<i>This questionnaire is to be administered to all men age 15 through 59 (see column HL7A of Household Listing Form). Fill in one form for each eligible man.</i>		
MM1. Cluster number:  _____	MM2. Household number:  _____	
MM3. Man's name: Name _____	MM4. Man's line number:  _____	
MM5. Interviewer name and number: Name _____	MM6. Day / Month / Year of interview:  _____ / _____ / 2010	

*Repeat greeting if not already read to this man:*

WE ARE FROM THE INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH (ISSER) AT THE UNIVERSITY OF GHANA, LEGON. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

*If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

**THIS SURVEY IS TO ASSIST POLICY MAKERS AND PRACTITIONERS AND PROVIDE KNOWLEDGE ON HEALTH AND HOUSEHOLD WELL-BEING**

MAY I START NOW?

- Yes, permission is given ⇒ Go to MM10 to record the time and then begin the interview.*
- No, permission is not given ⇒ Complete MM7. Discuss this result with your supervisor.*

MM7. Result of man's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05  Other ( <i>specify</i> ) _____ 96
--------------------------------	--

MM8. Field edited by (Name and number): Name _____	MM9. Data entry clerk (Name and number): Name _____
MM10. Record the time.	Hour and minutes ..... : _____

MAN'S BACKGROUND		MB
MB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	
MB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct MB1 and/or MB2 if inconsistent</i>	Age (in completed years) ..... __ __	
MB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒MB7
MB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Middle/JSS/JHS ..... 2 Secondary/SSS/SHS/TECH/VOC ..... 3 Higher ..... 4 Islamic Education (Makaranta)..... 5	0⇒MB7     5⇒MB6
MB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade ..... __ __	
<b>MB6. Check MB4:</b>  <input type="checkbox"/> <i>Secondary or Higher (MB4=3 or MB4=4) ⇒ Go to MB8</i>  <input type="checkbox"/> <i>Primary /Middle/JSS/JHS/Islamic Education (MB4=1 or MB4=2 or MB4=5) ⇒ Continue with WB7</i>		
MB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language _____ 4 <i>(specify language)</i>  Blind/mute, visually/speech impaired ..... 5	

<b>MB8. WHAT IS YOUR RELIGION?</b>	Catholic .....11 Protestant.....12 Pentecostal/Charismatic..... 13 Deeper Life.....14 Jehovah Witness .....15 SDA .....16 Moslem.....21 Traditional.....31 Spiritualist.....32  No Religion.....33  Other ( <i>specify</i> ) _____ 96	
<b>MB9. TO WHAT ETHNIC GROUP DO YOU BELONG?</b>	Akan.....11 Ga/Dangme.....12 Ewe.....13 Guan.....14 Grum .....15 Mole Dagbani .....21 Grusi.....22 Mande.....23 Non-Ghanaian.....24  Other ethnic group ( <i>specify</i> ) _____ 96	

**ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY AC**

AC1. Check MB7:

- Question left blank (Respondent has Secondary or Higher education) ⇒ Continue with AC2
- Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with AC2
- Cannot read at all or blind (codes 1 or 5) ⇒ Go to AC3

AC2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week..... 2 Less than once a week ..... 3 Not at all..... 4	
--	--	--

AC3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week..... 2 Less than once a week ..... 3 Not at all..... 4	
--	--	--

AC4. HOW OFTEN DO YOU WATCH TELEVISION? WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week..... 2 Less than once a week ..... 3 Not at all..... 4	
---	--	--

AC5. Check WB2: Age of respondent between 15 and 24?

- Age 25-59 ⇒ Go to Next Module
- Age 15-24 ⇒ Continue with AC6

AC6. HAVE YOU EVER USED A COMPUTER?	Yes..... 1 No..... 2	2⇒AC9
-------------------------------------	-------------------------	-------

AC7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	2⇒AC9
--	-------------------------	-------

AC8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week..... 2 Less than once a week ..... 3 Not at all..... 4	
--	--	--

AC9. HAVE YOU EVER USED THE INTERNET?	Yes..... 1 No..... 2	2⇒Next Module
---------------------------------------	-------------------------	---------------

AC10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use from any location, with any device.</i>	Yes..... 1 No..... 2	2⇒ Next Module
--	-------------------------	----------------

AC11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week..... 2 Less than once a week ..... 3 Not at all..... 4	
---	--	--

MARRIAGE/UNION		MU
MU1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married..... 1 Yes, cohabiting with a woman ..... 2 No, not in union..... 3	2⇒MU2 3⇒MU4
MU1A. WHAT TYPE OF MARRIAGE?	Consensual union .....01 Customary marriage only .....02 Customary and religious .....03 Civil marriage only .....04 Customary and civil.....05 Customary, religious and civil .....06 Betrothed (incl. customary not completed).07  Other (specify)_____96 DK.....98	
MU2. WITH HOW MANY WOMEN DO YOU CURRENTLY LIVE (MARRIED OR AS MARRIED)?	Number of women ..... __ __	
<i>IF only one wife</i> MU3. HOW OLD IS YOUR WIFE/PARTNER?  <i>Probe: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?</i>  <i>If has more than one wife</i>  MU3A. HOW OLD IS YOUR YOUNGEST WIFE/PARTNER?  <i>Probe: HOW OLD WAS YOUR YOUNGEST WIFE/PARTNER ON HER LAST BIRTHDAY?</i>	Age in years ..... __ __  DK.....98	⇒MU7 ⇒MU7
MU4. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married..... 1 Yes, formerly lived with a woman ..... 2 No .....3	3⇒Next Module
MU5. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowhood ..... 1 Divorcee ..... 2 Separation..... 3	
MU6. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	
MU7. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month ..... __ __ DK month .....98  Year ..... __ __ __ __ DK year ..... 9998	
MU8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years ..... __ __	

ATTITUDES TOWARDS CONTRACEPTION		MR
<p>MR1. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU OR (ANY OF) YOUR WIFE(S)/PARTNER(S) CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID HER GETTING PREGNANT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇨ MR2</p> <p>8 ⇨ MR2</p>
<p>MR1A. WHAT ARE YOU / ANY OF YOUR WIFE(S)/PARTNER(S) DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>IUD ..... C</p> <p>Injectables ..... D</p> <p>Implants ..... E</p> <p>Pill ..... F</p> <p>Male condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam / Jelly ..... J</p> <p>Lactational amenorrhoea method (LAM) ..... K</p> <p>Periodic abstinence / Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) ..... X</p>	<p>NEXT MODULE</p>
<p>MR2. WOULD YOU YOURSELF USE OR WOULD YOU ALLOW (ANY OF) YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / not sure / depends ..... 8</p>	<p>1 ⇨ NEXT MODULE</p> <p>8 ⇨ NEXT MODULE</p>
<p>MR3. WHY NOT?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned.</i></p>	<p>Religious beliefs ..... A</p> <p>Partner refuses ..... B</p> <p>Can't afford / expensive ..... C</p> <p>Side effects ..... D</p> <p>Not sexually active ..... E</p> <p>Do not wish to avoid pregnancy ..... F</p> <p>Encourages promiscuity ..... G</p> <p>Other (<i>specify</i>) ..... X</p>	

**ATTITUDES TOWARDS DOMESTIC VIOLENCE**

**MD**

MD1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8

**SEXUAL BEHAVIOUR**
**MS**

*Check for the presence of others. Before continuing, ensure privacy.*

<p>MS1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse..... 00</p> <p>Age in years ..... _ _</p> <p>First time when started living with (first) wife/partner ..... 95</p> <p>DK..... 98</p>	<p>00⇒Next Module</p>
<p>MS2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK / Don't remember ..... 8</p>	<p>2⇒MS3</p> <p>8⇒MS3</p>
<p>MS2A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM</p>	<p>To prevent STD/HIV..... 1</p> <p>To prevent pregnancy ..... 2</p> <p>To prevent both STD/HIV and pregnancy... 3</p> <p>Partner requested/insisted ..... 4</p> <p>Other (<i>specify</i>)..... 6</p>	
<p>MS3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago..... 1 _ _</p> <p>Weeks ago ..... 2 _ _</p> <p>Months ago ..... 3 _ _</p> <p>Years ago..... 4 _ _</p>	<p>4⇒MS15</p>
<p>MS4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒MS5</p>
<p>MS4A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM</p>	<p>To prevent STD/HIV..... 1</p> <p>To prevent pregnancy ..... 2</p> <p>To prevent both STD/HIV and pregnancy... 3</p> <p>Partner requested/insisted ..... 4</p> <p>Other (<i>specify</i>)..... 5</p>	
<p>MS5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '02'. If 'no', circle '03'.</i></p>	<p>Spouse..... 01</p> <p>Cohabiting partner/concubine ..... 02</p> <p>Girlfriend/fiancée..... 03</p> <p>Ex-girlfriend/fiancée ..... 04</p> <p>Casual acquaintance ..... 05</p> <p>Commercial sex worker ..... 06</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>MS6. Check MU1:</p> <p><input type="checkbox"/> Currently married or living with a woman (MU1 = 1 or 2) ⇒ Go to MS8</p> <p><input type="checkbox"/> Not married / Not in union (MU1 = 3) ⇒ Continue with MS7</p>		



MS7. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... __ __ DK..... 98	
MS8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	2⇒MS15
MS9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes..... 1 No..... 2	
MS10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?  IF PERSON IS 'GIRLFRIEND' OR 'FIANCÉE', ASK: WERE YOU LIVING TOGETHER AS IF MARRIED? IF "YES", CIRCLE '02', IF "NO" CIRCLE '03'	Spouse..... 01 Cohabiting partner/concubine..... 02 Girlfriend/fiancée..... 03 Ex-Girlfriend/fiancée..... 04 Casual Acquaintance..... 05 Commercial Sex Worker..... 06  Other ( <i>Specify</i> )..... 96	
MS11. <i>Check MU1 and MU10:</i>  <input type="checkbox"/> <i>Currently married or living with a woman (MU1 = 1 or 2) AND Married only once or lived with a woman only once (MA10 = 1) ⇒ Go to MS13</i>  <input type="checkbox"/> <i>Else ⇒ Continue with MS12</i>		
MS12. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... __ __ DK..... 98	
MS13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	
MS14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... __ __	
MS14A. WAS A CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	
MS14B. HAVE YOU EVER HAD SEX WITH A COMMERCIAL SEX WORKER?	Yes..... 1 No..... 2	2⇒MS15
MS14C. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH A COMMERCIAL SEX WORKER?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago..... 1 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago..... 4 __ __	

MS15. IN TOTAL, WITH HOW MANY DIFFERENT  
PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE  
IN YOUR LIFETIME?

*If a non-numeric answer is given, probe to get  
an estimate.*

*If number of partners is 95 or more, write '95'.*

Number of lifetime partners..... \_ \_

DK..... 98

NATIONAL HEALTH INSURANCE		NH
NH0. Check MB2 <input type="checkbox"/> Respondent Less than 18 years ⇒ Go to Next Module. <input type="checkbox"/> Respondent 18 years or older ⇒ Go to NH1.		
NH1. DO YOU HAVE ANY HEALTH INSURANCE OR ARE YOU A MEMBER OF A MUTUAL HEALTH ORGANIZATION	Yes .....1 No .....2	2⇒ NH10
NH2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? RECORD ALL MENTIONED	National/District Health Insurance (NHIS) ..A Health Insurance through Employer ..... B Mutual Health Organization/ Community Based Health Insurance ..... C Other privately purchased commercial Health Insurance ..... D Other (specify) _____ X	
NH3. Check NH2: <input type="checkbox"/> NHIS <b>NOT</b> CHECKED. ⇒ Go to NH10.		
NH4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself .....1 Premium paid by a relative or friend .....2 Premium paid by employers/SSNIT .....3 Exempt as indigent .....4 Other (specify) _____ 6	
NH5. DO YOU HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD?  <i>If person has valid insurance card, request to see it. Check to make sure it is valid for this year</i>	Yes, card seen .....1 Yes, card not seen .....2 No .....3	1⇒ NH9 2⇒ NH9
NH6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid Yes.....1 Registered/Renewed, card not received .....2 Registered, in waiting period Yes.....3 Not renewed registration .....4 Lost NHIS card .....5 Other (specify) _____ 6	1⇒ NH9 2⇒ NH9 3⇒ NH9 5⇒ NH9 6⇒ NH9
NH7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes .....1 No .....2 Don't know/ Not sure .....8	1⇒ NH9 8⇒ NH9

<p>NH8. WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION?</p>	<p>Have not been sick ..... A  Premium too Expensive ..... B  Still pay out of pocket ..... C  Worse quality care with card ..... D  Waiting time for card too long..... E  Desired services not covered ..... F  Use clinics/ traditional services not covered ..... G  Other _____ X</p>	
<p>NH9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES</p>	<p>Better ..... 1  Same ..... 2  Worse ..... 3  Never used ..... 4  Don't know..... 8</p>	<p>FOR ALL RESPONSES:  ⇒ NEXT MODULE</p>
<p>NH10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS?</p>	<p>Not heard of NHIS ..... A  Premium too Expensive ..... B  Do not trust NHIS ..... C  Do not know where to register..... D  Registration office too far ..... E  Do not need health insurance ..... F  NHIS does not cover the services I need ...G  NHIS does not cover the facilities I use..... H  Other _____ X</p>	



HIV/AIDS		MH																
MH1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MM11																
MH2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8																	
MH3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8																	
MH4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK ..... 8																	
MH5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK ..... 8																	
MH6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK ..... 8																	
MH7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
MH8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
MH9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK/Not sure/Depends ..... 8																	
MH10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK/Not sure/Depends ..... 8																	
MH11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT OTHER PEOPLE TO KNOW ABOUT IT?	Yes ..... 1 No ..... 2 DK/Not sure/Depends ..... 8																	
MH12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/Not sure/Depends ..... 8																	

MH12A. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ORAL SEX?	Yes ..... 1 No ..... 2  DK/Not sure/Depends ..... 8	
MH12B. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ANAL SEX?	Yes ..... 1 No ..... 2  DK/Not sure/Depends ..... 8	
MH12C. IN YOUR OPINION, CAN HIV/AIDS BE CURED?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒MH13  8⇒MH13
MH12D. IN YOUR OPINION, CAN A MAN INFECTED WITH HIV/AIDS BE CURED BY HAVING SEX WITH A VIRGIN WOMAN?	Yes ..... 1 No ..... 2  DK ..... 8	
MH13. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒MH18
MH14. I DON'T WANT TO KNOW THE RESULTS BUT, WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
MH15. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test ..... 1 Offered and accepted ..... 2 Required ..... 3	
MH16. WHERE DID YOU GO FOR THE TEST?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ (NAME OF PLACE)	Public sector Govt. hospital ..... 11 Govt. health centre ..... 12 Govt. clinic/PHU ..... 13 Govt. VCT Centre ..... 14 Other public ( <i>specify</i> ) ..... 16  Private Medical Sector Private hospital ..... 21 Private clinic ..... 22 Other private medical ( <i>specify</i> ) ..... 26  Other sources NGO VCT Centre ..... 31 Mission hospital ..... 32  Other ( <i>specify</i> ) ..... 96 DK ..... 98	
MH17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2  DK ..... 8	} MM11
MH18. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

MM11. *Record the time.*

Hour and minutes..... \_\_\_\_ : \_\_\_\_

MM12. *End the interview with this respondent by thanking him for his cooperation.  
Check for the presence of any other eligible man in the household.*